Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			. ⊋() minus 20=		. >			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			<i>y</i> minus 3 =		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter						olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								IOIAL		JOH	OTHER	THAN
		(Column 1)		(Colu		(Column 3)		SMALLE	NTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	, i
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM		1	+135=		OR	+270=	
								TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F OL 4114	-		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDEN	CLAIM	. [_]	ا ا	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=∜	
	Independent	*	Minus	***				X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	I CLAIM		1	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number